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AMENDMENT TRANSMITTAL LETTER				Docket No. M4065.0087/P087-A																																											
Application No. 10/661,494-Conf. #7413		Filing Date September 15, 2003		Examiner D. L. Reynolds																																											
Applicant(s): Howard E. Rhodes																																															
Invention: ACTIVE PIXEL SENSOR WITH A DIAGONAL ACTIVE AREA																																															
TO THE COMMISSIONER FOR PATENTS																																															
Transmitted herewith is an amendment in the above-identified application.																																															
The fee has been calculated and is transmitted as shown below.																																															
<table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>17</td><td>- 21 =</td><td>0</td><td>x 50.00</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>4</td><td>- 3 =</td><td>1</td><td>x 200.00</td><td>200.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>0.00</td></tr></tbody></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	17	- 21 =	0	x 50.00	0.00	Independent Claims	4	- 3 =	1	x 200.00	200.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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<p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>																																															
<p><i>[Handwritten signature]</i></p> Dated: May 2, 2007																																															
Thomas J. D'Amico Attorney/Agent Reg. No.: 28,371																																															
DICKSTEIN SHAPIRO LLP 1825 Eye Street, NW Washington, DC 20006-5403 (202) 420-2232																																															